## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE r &E Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through S should be complete

appropriate. All further indicated unless correct maintenance fee notifica	ted below or directed of	ng the Patent, advance of herwise in Block 1, by (	orders and notification of a) specifying a new corre	maintenance fees v spondence address	vill be ; and/o	mailed to the current r (b) indicating a sep	correspondence address a arate "FEE ADDRESS" fo
CURRENT CORRESPOND	pap	ers. Each additions	il nanci	r, such as an assignme	or domestic mailings of the for any other accompanying ent or formal drawing, mus		
20350	nav			iling or transmission.			
TOWNSEND TWO EMBARO EIGHTH FLOO SAN FRANCIS	LLP 1 he Star add tran	I hereby certify that this Fee(s) Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (\$71) 273-2885, on the date indicated below.					
SALV FRANCIS	CO, CA 94111-363	4					(Depositor's name)
							(Signature)
			L				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	OR ATTORNEY DOCKET NO		RNEY DOCKET NO.	CONFIRMATION NO.
09/943,886	08/30/2001	Zhao Wu		016491-004000US			2075
TITLE OF INVENTION	I: TRANSMIT VIRTUA	L CONCATENATION F	ROCESSOR				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE TOTAL FEE(S) DO		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0 \$1700		\$1700	01/10/2007
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	]			
HAN, CLE		2616	370-395510				
Change of corresponder     CFR 1.363).	ence address or indicatio		the patent front page, list True to 2 registered extent offenses [Townsend and Townsend				
Change of corresp	ondence address (or Cha	nge of Correspondence	(1) the names of up to or agents OR, alternative	vely,		icys	
Change of correspondence address (or Change of Corresponde Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custor			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PTO/SB/47; Rev 03-0 Number is required.	2 or more recent) attach	2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or type				
PLEASE NOTE: Uni	ess an assignee is ident	ified below, no assignee	data will appear on the pa	atent. If an assign	e is id	entified below, the de	ocument has been filed for
(A) NAME OF ASSIG		action of this form is 110	(B) RESIDENCE: (CITY				
PMC-Sierra, Inc. Burnaby, BC Canada							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
		categories (will not be pi	inted on the patent):	individual 200 Co	rporatie	on or other private gro	up entity Government
4a. The following fee(s) a  X  X  Issue Fee	are submitted;	48	. Payment of Fee(s): (Plea	se first reapply an	y previ	iously paid issue fee s	:hown above)
Y Publication Fee (N	lo small entity discount n	ermitted)	A check is enclosed.  Payment by credit can	1 Form PTO-2038	is atta	ched	
Advance Order - #	The Director is hereby	is hereby authorized to charge the required fee(s), any deficiency, or credit any t, to Deposit Account Number 20-1430 (enclose an extra copy of this form).					
5. Change in Entity Stat	tus (from status indicated		overpayment, to Depor	sit Account Numbe	r <u>20-</u>	1430 (enclose ar	extra copy of this form).
a. Applicant claims	s SMALL ENTITY statu	s. See 37/0F/X ).27.	☐ b. Applicant is no long	ger claiming SMAL	L ENT	TTY status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee and	d Publication Fee (if req	ired) will not be accepted	from anyone other than the	ne applicant; a regis	tered a	ttorney or agent; or th	e assignee or other party in
	11012	71/.1				11.7	
Authorized Signature	- Sup-	W)		Date	1/4	407	
Typed or printed name				Registration N	·	48,750	
This collection of informs an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, Vi Alexandria, Virginia 223	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this bur irginia 22313-1450. DO 13-1450.	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR O	n is required to obtain or re 1.14. This collection is esti- depending upon the indivi- chief Information Office COMPLETED FORMS TO	etain a benefit by the mated to take 12 m idual case. Any con r, U.S. Patent and 7 THIS ADDRESS.	e publi ninutes nments fradem SEND	to which is to file (and to complete, including on the amount of tirr ark Office, U.S. Depa TO: Commissioner for	by the USPTO to process) g gathering, preparing, and te you require to complete runent of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.